

Fig. 2

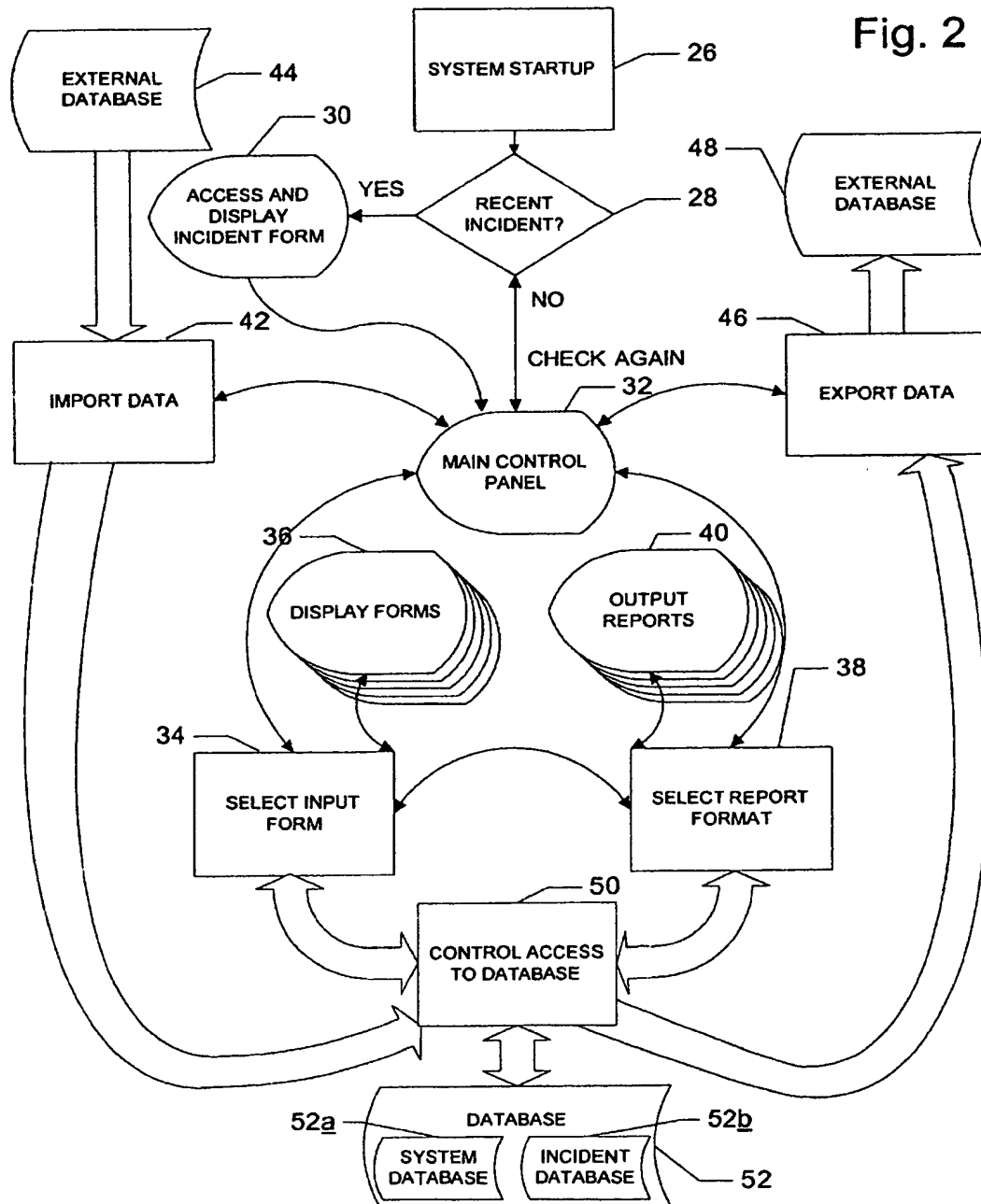


FIG. 3

The diagram shows a form with the following sections and fields:

- Accident Report Recap:** A header box at the top left.
- WHAT:** A box containing "Strains/Sprains".
- WHEN:** A box containing "1/17/95".
- HOW BAD:** A box containing "HOW LONG".
- HOW LONG:** A box containing "1/17/95".
- Left:** A checkbox labeled "Left" with an "X" inside.
- Right:** A checkbox labeled "Right" which is empty.
- Date Left:** A box containing "1/17/95".
- Date Returned:** A box containing "1/20/95".
- Company Accident Description:** A box containing the text "Employee sprained ankle when struck by falling beam.".
- OSHA 200 Form Accident Description:** A box containing the text "Employee sprained ankle when struck by falling beam.".
- Accident Vitals:** A box containing "Accident Vitals".
- Injury Related:** A box containing "Injury Related".
- Illness Related:** A box containing "Illness Related".

Labels and arrows indicate specific parts of the form:

- 56:** Points to the "WHAT" and "WHEN" fields.
- 58:** Points to the "HOW LONG" field, the "Left" checkbox, and the "Date Returned" field.
- 54:** Points to the "OSHA 200 Form Accident Description" box.
- 60:** Points to the "Accident Vitals", "Injury Related", and "Illness Related" boxes.

Fig. 4A1

[illegible]

Fig. 4A2

<p>RECORDABLE CASES: YOU ARE REQUIRED TO RECORD INFORMATION ABOUT EVERY OCCUPATIONAL DEATH, EVERY NONFATAL OCCUPATIONAL ILLNESS, AND THOSE NONFATAL OCCUPATIONAL INJURIES WHICH INVOLVE ONE OR MORE OF THE FOLLOWING: LOSS OF CONSCIOUSNESS, RESTRICTION OF WORK OR MOTION, TRANSFER TO ANOTHER JOB, OR MEDICAL TREATMENT (OTHER THAN FIRST AID). (SEE DEFINITIONS ON THE OTHER SIDE OF FORM.)</p>	
<p>DEPARTMENT</p> <p>ENTER DEPARTMENT IN WHICH THE EMPLOYEE IS REGULARLY EMPLOYED OR A DESCRIPTION OF NORMAL WORKPLACE TO WHICH EMPLOYEE IS ASSIGNED, EVEN THOUGH TEMPORARILY WORKING IN ANOTHER DEPARTMENT AT THE TIME OF THE INJURY OR ILLNESS</p> <p>(E)</p>	<p>DESCRIPTION OF INJURY OR ILLNESS</p> <p>ENTER A BRIEF DESCRIPTION OF THE INJURY OR ILLNESS AND INDICATE THE PART OR PARTS OF BODY AFFECTED</p> <p>TYPICAL ENTRIES FOR THIS COLUMN MIGHT BE: AMPUTATION OF 1ST JOINT RIGHT FOREFINGER; STRAIN OF LOWER BACK; CONTACT DERMATITIS ON BOTH HANDS; ELECTROCUTION-BODY</p> <p>(F)</p>
PREVIOUS PAGE TOTALS	
TOTALS (INSTRUCTIONS ON OTHER SIDE OF FORM)	

Fig. 4B1

[illegible]

Fig. 4B2

FOR CALENDAR YEAR 19__						PAGE __ OF __						
TYPE, EXTENT OF, AND OUTCOME OF ILLNESS												
TYPE OF ILLNESS												
INJURIES WITHOUT LOST WORKDAYS		CHECK ONLY ONE COLUMN FOR EACH ILLNESS (SEE OTHER SIDE OF FORM FOR TERMINATIONS OF PERMANENT TRANSFERS.)										
ENTER A CHECK IF NO ENTRY WAS MADE IN COLUMNS 1 OR 2 BUT THE INJURY IS RE-CORDABLE AS DEFINED ABOVE		OCCUPATIONAL SKIN DISEASE OR DISORDERS	DUST DISEASE OF THE LUNGS	RESPIRATORY CONDITIONS DUE TO TOXIC AGENTS	POISONING (SYSTEMIC EFFECTS OF TOXIC MATERIALS)	DISORDERS DUE TO PHYSICAL AGENTS	DISORDERS ASSOCIATED WITH REPEATED TRAUMA	ALL OTHER OCCUPATIONAL ILLNESSES				
		(7)										
		(a)	(b)	(c)	(d)	(e)	(f)	(g)				
(6)												
TITLE _____ DATE _____												
NO LATER THAN FEBRUARY 1												

Fig. 4B3

[illegible]

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FIG. 5

Start Year

End Year:

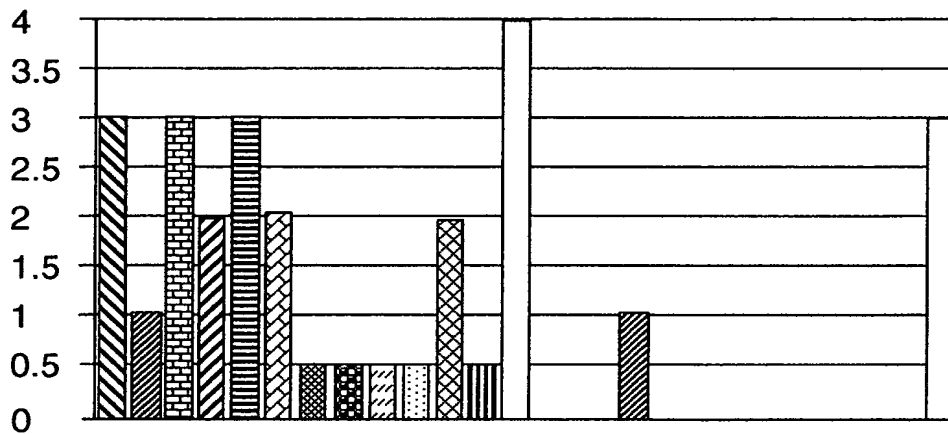
Co:

Locale

Dept:

70

Accident Analysis – By Nature of Injury



66

68

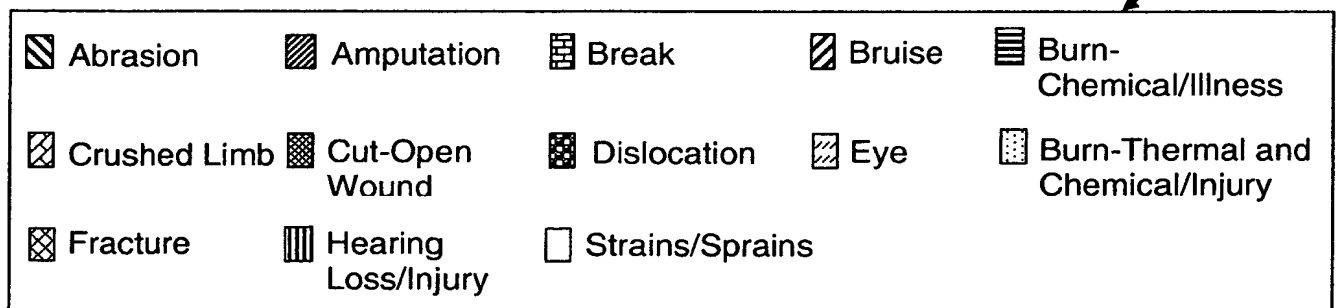


FIG. 6

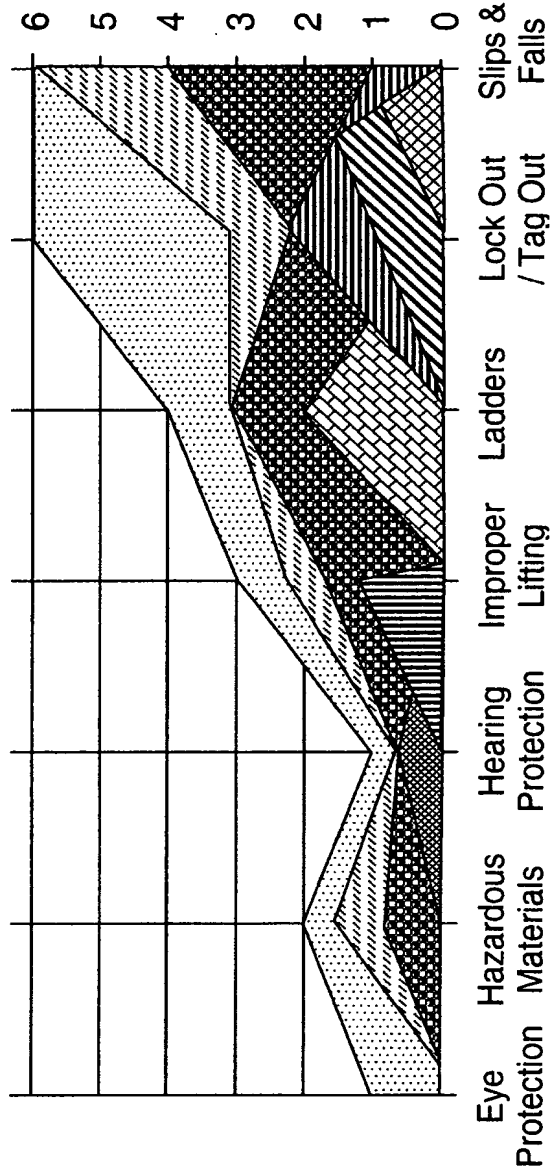
Year: 1994

Co:

Locale

Dept:

Accident Type



January February March April May June
 July August September October November December

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FIG. 7

Year:	<input type="text" value="1994"/>
Co:	<input type="text"/>
Locale	<input type="text"/>
Dept:	<input type="text"/>

70

Accident Analysis – By Day of the Week

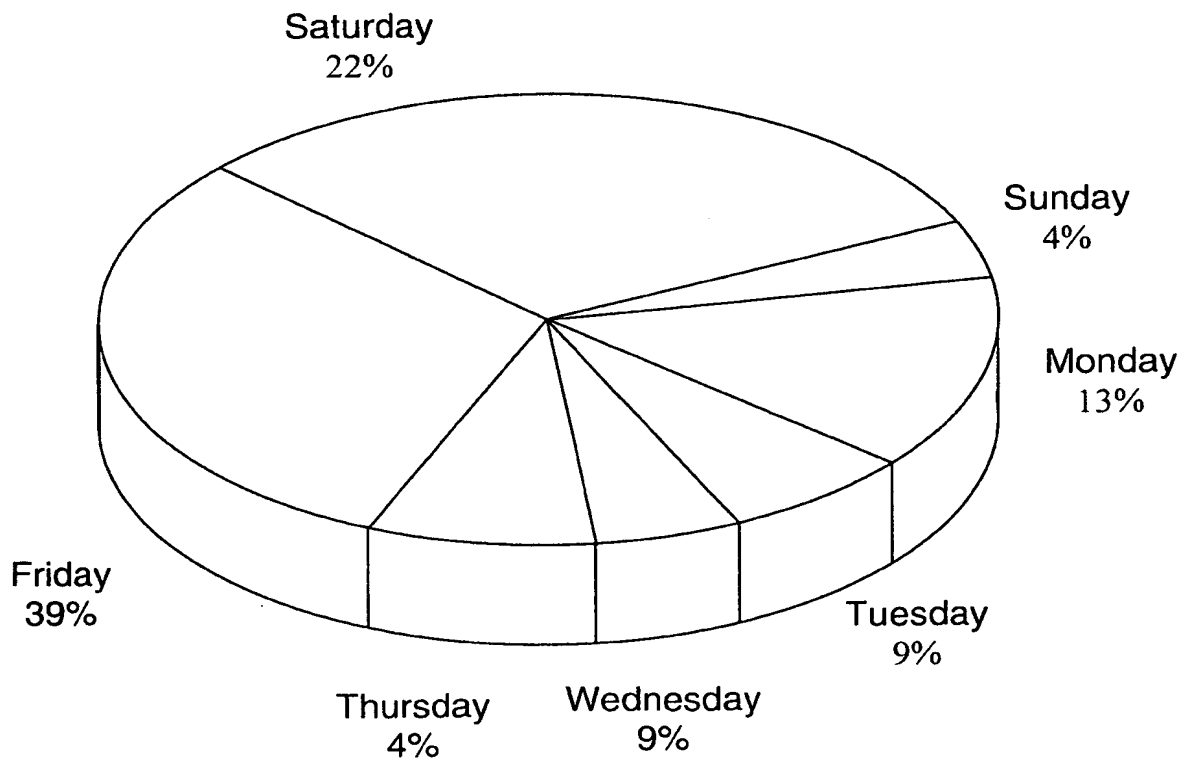


Fig. 8

SOS REPORT - STATUS REPORT										
REPORT DATE										
REPORT ID/INFO:		INITIAL REPORT				INVESTIGATION				
		NATURE	DATE	C. ACTION	SUPVR.	ACTION ND	CAUSE	P. ACTION	ACKNOWL	COMPLTD
1089	GRANT NEAR MISS ON 3/14/94									
1901	CHAISE UNSAFE ACT ON 5/1/94									
10875	WALLER BREAK ON 5/14/94									
1005	COLE UNSAFE ACT ON 5/14/94									
1698	JEFFERSON ON 1/18/95									

Fig. 9

**SAFESTAR-MASTER LIST ALL
PARTICIPANTS (ALPHA)
REPORT DATE: 11-JULY-95**

VITAL STATISTICS:

NAME:	BOYNTON, SUSAN
ADDRESS:	13201 NE 44TH STREET #44
CITY/ST/ZIP:	VANCOUVER, WA 98682
PHONE:	206-896-9726

EMPLOYMENT INFORMATION:

SOC. SEC #	5409629444
D.O.B.	8/3/64
HIRED/LOE:	5/12/76 - 19 YRS 2 MOS
DEPT# NAME	3 - TRUCKING

VITAL STATISTICS:

NAME:	CHAISE, CHEVY
ADDRESS:	499 FOX BLVD.
CITY/ST/ZIP:	HOLLYWOOD, CA 76004
PHONE:	310-655-7324

EMPLOYMENT INFORMATION:

SOC. SEC #	545069823
D.O.B.	5/17/47
HIRED/LOE:	4/11/78 - 17 YRS 3 MOS
DEPT# NAME	2 - OFFICE

VITAL STATISTICS:

NAME:	GRANT, LOU
ADDRESS:	497 WRITERS DR.
CITY/ST/ZIP:	PERIODICAL, NE 97640
PHONE:	402-555-2222

EMPLOYMENT INFORMATION:

SOC. SEC #	789879742
D.O.B.	12/2/40
HIRED/LOE:	6/14/90 5 YRS 1 MOS
DEPT# NAME	5 - RETAIL

VITAL STATISTICS:

NAME:	JEFFERSON, GEORGE
ADDRESS:	804 HIGH RISE BLVD
CITY/ST/ZIP:	NEW YORK, NY 80754
PHONE:	201-555-6890

EMPLOYMENT INFORMATION:

SOC. SEC #	773901320
D.O.B.	8/13/58
HIRED/LOE:	7/18/88 - 7 YRS 0 MOS
DEPT# NAME	1 - MANUFACTURING

Fig. 10A

ACCIDENT REPORT SYNOPSIS BY PERIOD						
REPORT DATE: 11-JUL-95						
REPORT START		01-JAN-94		REPORT END		01-JAN-95
MONTH JANUARY						
DEPARTMENT 1 - MANUFACTURING						
INJURY DATE	LAST NAME	FIRST	SSN	NATURE OF INJURY	ACCIDENT TYPE	LOE
1/14/94	KEATON	BUSTER	812902231	THERMAL & CHEMICAL	LOCK OUT/TA	1 YRS-10 MOS
ACCIDENT DESCRIPTION				WHEN A DOOR TO THEM MAIN FURNACE WAS OPENED ACCIDENTALLY, EMPLOYEE'S RIGHT ARM WAS BURNED WHEN THE FURNACE LOCK-OUT / TAG-OUT SWITCH FAILED TO ENGAGE		
CORRECTIVE ACTION TAKEN				HAVE SHUT DOWN THE FURNACE AND ORDERED REPAIRS MADE. ALSO, HAVE ADVISED EMPLOYEE OF CORRECT PROCEDURE.		
MONTH FEBRUARY						
DEPARTMENT 1 - MANUFACTURING						
INJURY DATE	LAST NAME	FIRST	SSN	NATURE OF INJURY	ACCIDENT TYPE	LOE
2/11/94	JEFFERSON	GEORGE	773901320	RN-CHEMICAL/ILLN	HAZARDOUS M	6 YRS - 4 MOS

Fig. 10B

ACCIDENT DESCRIPTION		EMPLOYEE BURNED ARM WITH ACID				
CORRECTIVE ACTION TAKEN						

INJURY DATE	LAST NAME	FIRST	SSN	NATURE OF INJURY	ACCIDENT TYPE	LOE	TIME IN DEPT
2/11/94	KEATON	BUSTER	813902231	HEARING LOSS/INJURY	HEARING PROT.	2 YRS - MOS	

ACCIDENT DESCRIPTION	EMPLOYEE RECEIVED HEARING INJURY DUE TO FAILURE TO WEAR HEARING PROTECTION PROPERLY	
CORRECTIVE ACTION TAKEN	HAVE ADVISED CORRECT PROCEDURE	

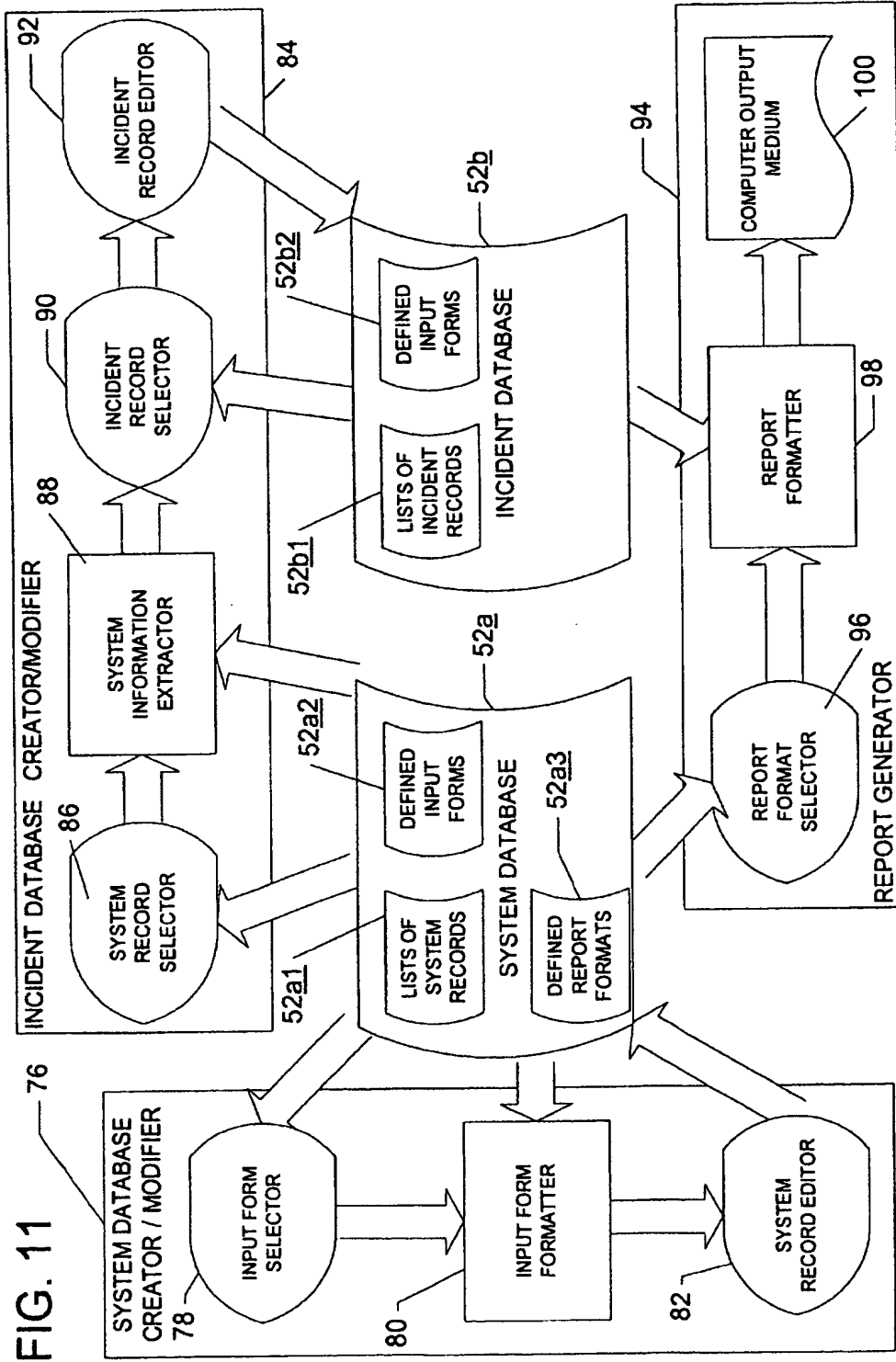


Fig. 12

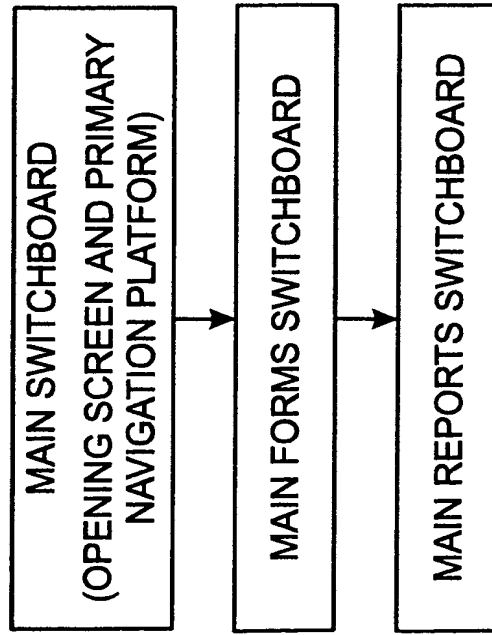


Fig. 15

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ACCIDENT NOTICE

1 accident(s) Occurred Yesterday. Select from the list below to go directly to that accident(s).

Tarkannian Stuart - Fracture on 3/3/95

Go To Accident

Close

Fig. 13

LOOKUP:

⏪ ⏩ ⏴ ⏵

EDIT

DELETE

ADD

CLOSE

OVERRIDE

Fig. 14











<div>MAIN SWITCHBOARD</div> <div>PERFORMANCE UPDATE</div> <div> <div>TODAY'S DATE 3/3/95</div> <div>TIME 06:58 AM</div> </div> <div> <div># ENROLED 13</div> <div># ACCIDENTS 32</div> </div> <div>ADMIN "\$" SAVED TO DATE \$800.00</div>		<div>  <div>FORMS SWITCHBOARD</div> </div>		<div>  <div>REPORTS SWITCHBOARD</div> </div>		<div>  <div>ADD & MODIFY PER-MISSIONS</div> </div>	
		<div>  <div>CHECK FOR ACCIDENTS</div> </div>		<div>  <div>DELETE SAMPLE DATA</div> </div>		<div>  <div>ON-LINE HELP</div> </div>	
		<div>UTILITY FUNCTIONS</div>					
		<div>  <div>IMPORT FILES</div> </div>		<div>  <div>EXPORT FILES</div> </div>			
		<div>  <div>VERIFY TABLE ATTACHMENTS</div> </div>		<div>  <div>EXIT SAFESTAR</div> </div>			

Fig. 16



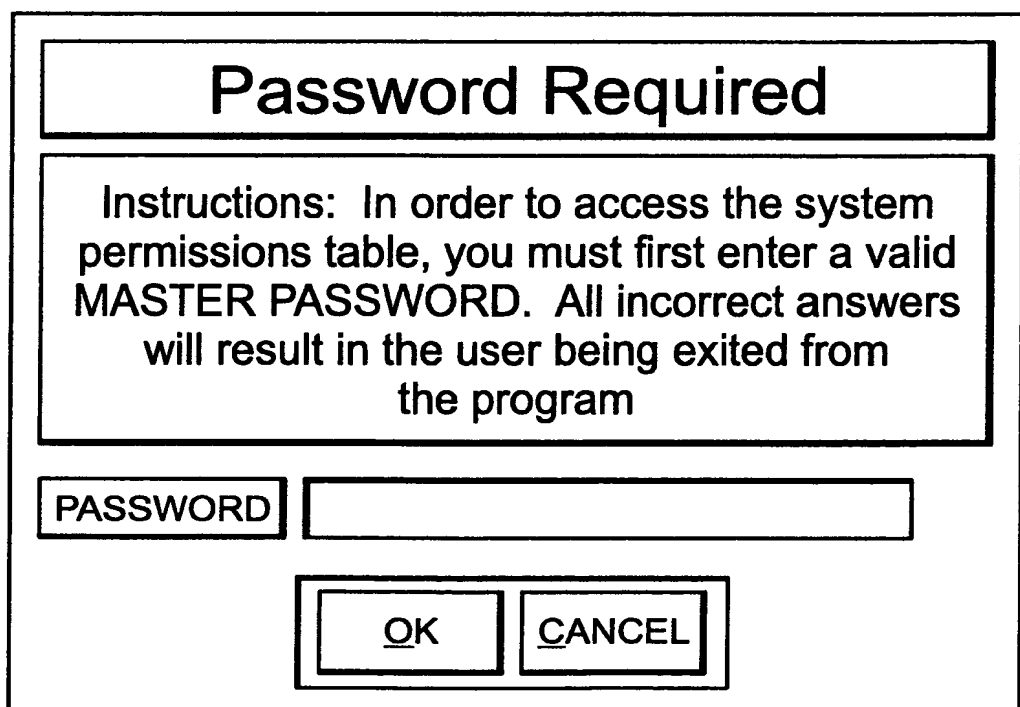
Sign-On

Please enter your sign-in code and password
Only authorized personnel may use the program

SIGN-ON CODE

PASSWORD

Fig. 17



Password Required

Instructions: In order to access the system permissions table, you must first enter a valid MASTER PASSWORD. All incorrect answers will result in the user being exited from the program

PASSWORD

Fig. 18

Sign-On Permissions				
LOOKUP: <input type="text"/>		<input type="button" value="F1"/>	<input type="button" value="F2"/>	<input type="button" value="F3"/>
		<input type="button" value="EDIT"/>	<input type="button" value="DELETE"/>	<input type="button" value="ADD"/>
		<input type="button" value="CLOSE"/>		
<p>Instructions: To Add/Modify/Delete a permissions record, follow these steps</p> <p>Step #1: Sign-On ID= Any letter / number combination that identifies the user (required)</p> <p>Step #2: Password = Any letter / number combination (no spaces) that acts as a secondary security level (e.g. dept. name, file name, etc.)</p> <p>Step #3: Company = Select a specific company name from the list or leave the "*" if unlimited access is desired, (note: the "*" is the default value, if you want to restrict the records for this user to a specific company you will need to replace the "*" with a company name</p> <p>Step #4: Level = Within a given company, Select a specific plant/location # from the list, or leave "*" if unlimited access is desired. (Same note applies as for the company. see Step #3)</p>		<div>Master Password</div> <div>Change Master Password</div>		
<input type="button" value="Sign-On ID"/>	<input type="button" value="Password"/>	<input type="button" value="Company"/>		<input type="button" value="Level"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="*"/>	<input type="button" value="↓"/>	<input type="text" value="*"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="*"/>	<input type="button" value="↓"/>	<input type="text" value="*"/>

Fig. 19

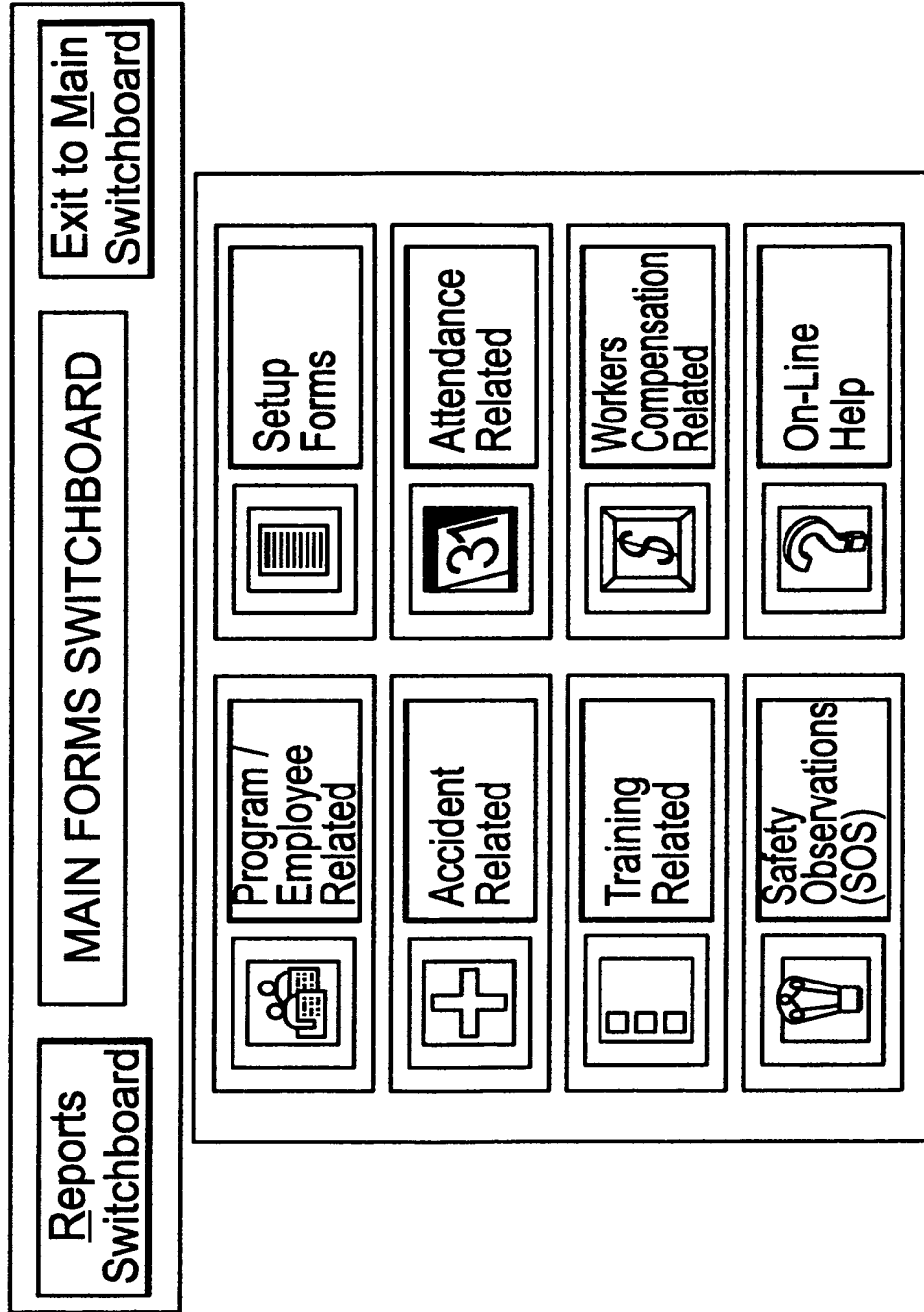


Fig. 20

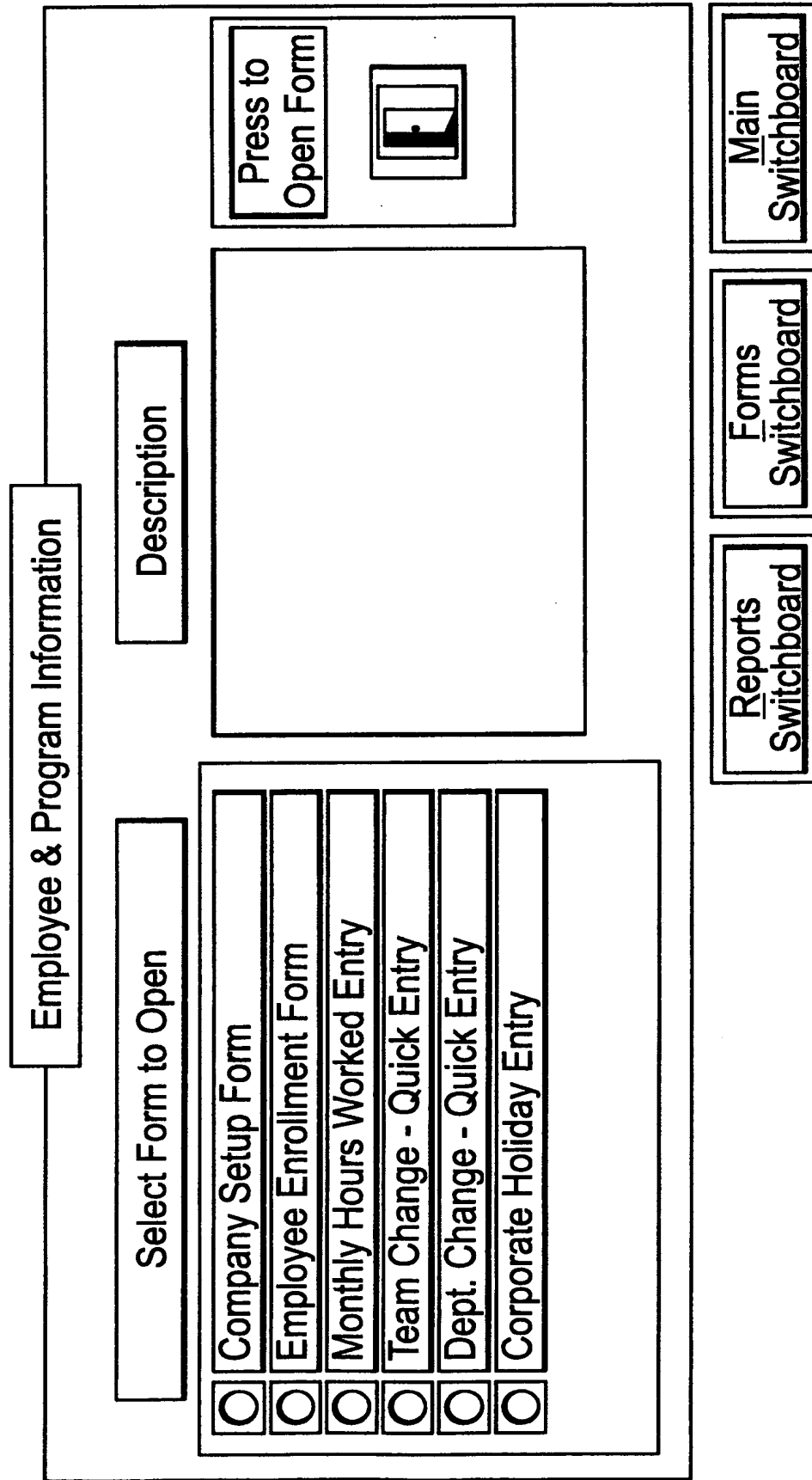


Fig. 21

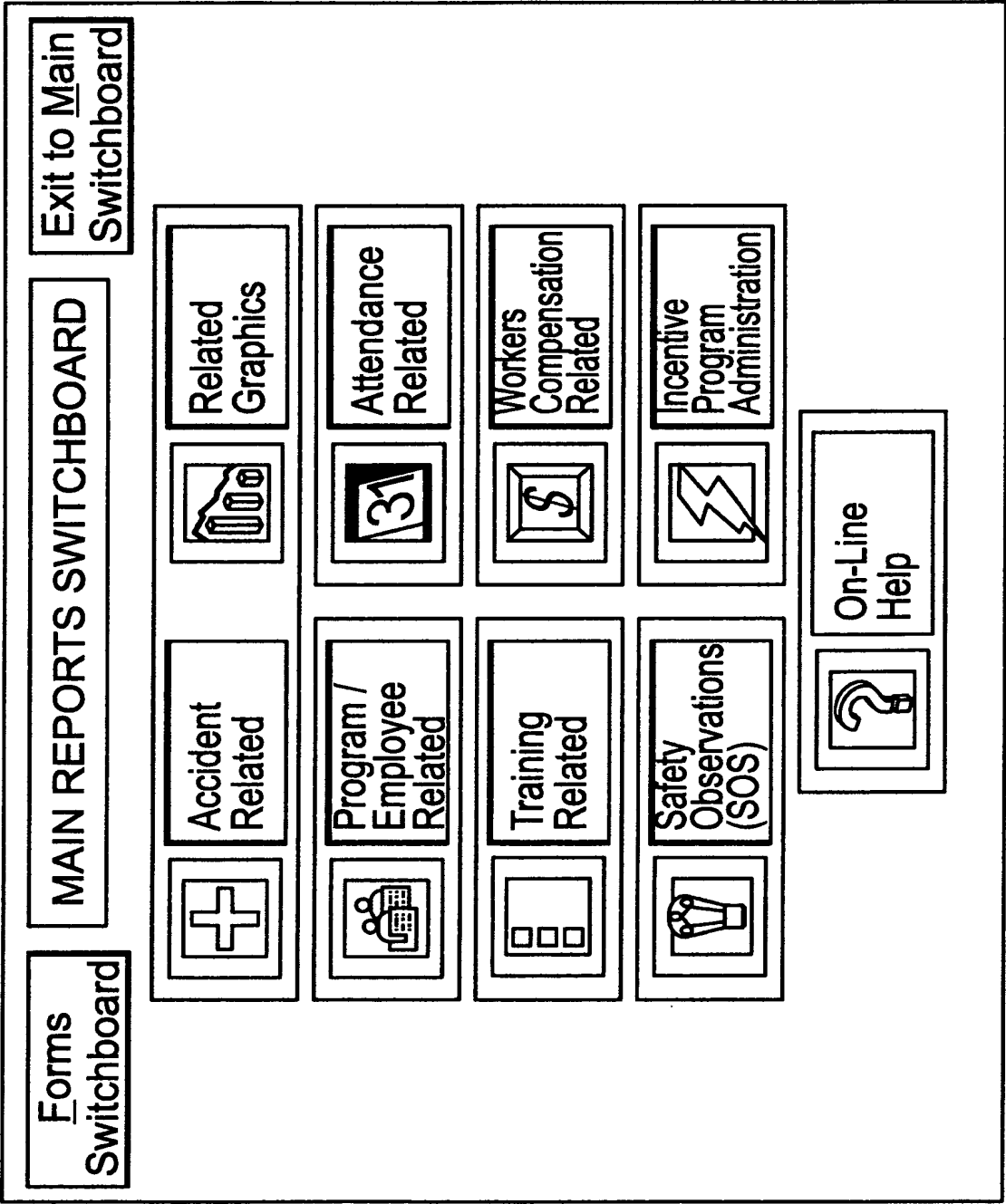


Fig. 22

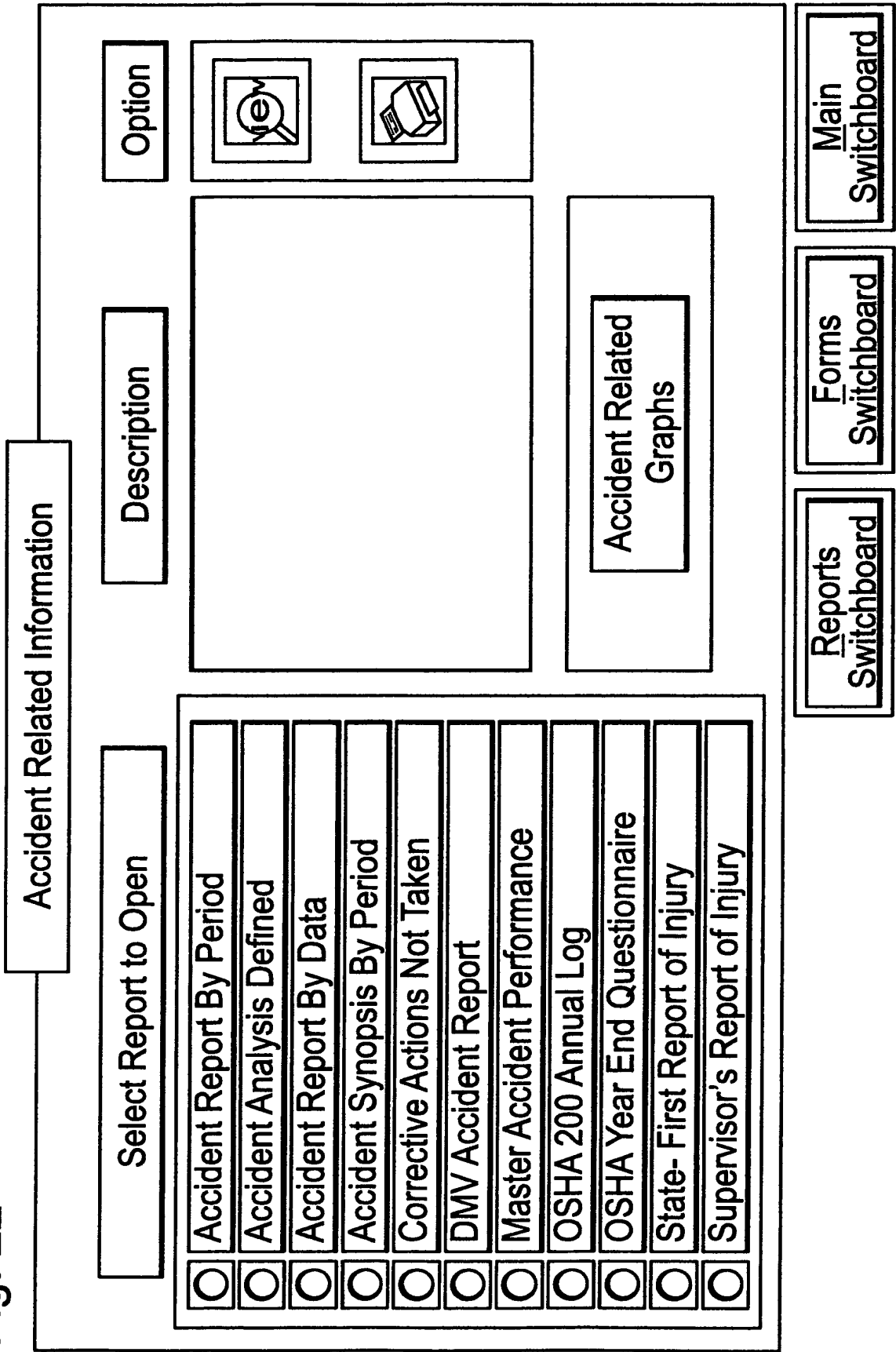


Fig. 23

<h2 style="margin: 0;">Company Setup</h2>				
<input type="button" value="Save"/>	<input type="button" value="Close"/>	<input type="button" value="Add"/>	<input type="button" value="Open Dept. Setup Form"/>	<input type="button" value="Configure Printer Now"/>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text"/> </div> </div> <div style="width: 45%;"> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text"/> </div> </div> </div>				
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Fig. 24

Body Part - Entry Form	
<input type="button" value="EDIT"/> <input type="button" value="ADD"/> <input type="button" value="DELETE"/> <input type="button" value="CLOSE"/>	
Body Part	Code
▶ Abdomen (Includes Internal Organs)	515
Ankle(s)	520
Arm(s)	507
Back (lower, Mid, Upper)	513

Fig. 28

	Counter
LAST	Text
FIRST	Text
SSN	Number
Birthday	Date/Time
LOE	Text
ADJ	Date/Time
Address	Text
City	Text
State	Text
Zip	Number
PHONE	Text
DEPT	Text
Dept Name	Text
Company	Text
Locale	Text
HrlyRate	Number
Occupation	Text
	Text

Fig. 25

Master Enrollment Form									
LOOKUP:		<input type="text"/> <input type="button" value="↕"/> <input type="button" value="◀"/> <input type="button" value="▶"/> <input type="button" value="↶"/> <input type="button" value="↷"/>		<input type="button" value="EDIT"/> <input type="button" value="DELETE"/> <input type="button" value="NEW"/> <input type="button" value="CLOSE"/>		ID: <input type="text"/>			
<input type="text"/> <input type="button" value="↕"/>		<i>Required Only for Network Installations</i>							
Company Name:		Location:							
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Last:		First:		Social Security #:		Date of Birth:			
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Address:		<input type="text"/>							
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
City:		State:		Zip:		Phone Number:			
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
2		OFFICE		SUPERVISOR		\$10.00		4/11/78	
Debit Code:		Dept. Name:		Occupation:		Hourly Rate		Date of Hire:	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
5		FALCONS		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Team Code:		Team Name:		Complete if Safety Awareness Program will be used and based on "Team" Performance.					
<input type="text"/>		<input type="text"/>		<input type="text"/>					

Fig. 26

ATTENTION! VERY IMPORTANT INFORMATION

You have selected the IMPORT function of the program.

In the event that you continue without completing all of the required steps and are exited out of the program, be assured that your data will not be lost. However, you will need to restart the program.

Note: You should invoke this function only if you have all of the information required and are ready to import the selected ASCII or Excel Spreadsheet file into the program.

In order for this process to be preformed successfully, the file you are preparing to import **MUST BE** in the EXACT column and date-type order as the Table you are importing into. If this is not done, unrepairable errors may occur and your imported data will not be complete, or may be imported into the incorrect fields of the Table [eg. Social Security # imported into the LAST name column.]

If you are unsure or need additional information, select the requested Table name and press the PRINT TEMPLATE button, before continuing

Table Template Selection

PRINT
TEMPLATE

CANCEL

CONTINUE

Fig. 27

Important Setup Parameters	
Select the Source Type of the Data Being Imported	<input type="radio"/> Text Delimited [ASCII] <input type="radio"/> Excel Spreadsheet <input type="radio"/> Lotus WKS file <input type="radio"/> Lotus WK1 [Version2] <input type="radio"/> Lotus WK3 [Versions 3 & 4]
Enter Full Path Name of Data to be Imported	
Enter Name of Table to Import Data Into	
Does the First Row Contain Field Names	<input type="checkbox"/> YES <input type="checkbox"/> NO
Replace All of the Existing Records?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="button" value="OK"/>	<input type="button" value="CLOSE"/>
<i>Press CLOSE when the import function is completed. (The hour glass will disappear and the floppy drive light will go off.)</i>	

Fig. 29


Export Setup Parameters	
Check Here to Confirm Export	<input type="radio"/>
Enter Name of Table to Export	<input type="text"/> 
Enter Full Path Name of Data Destination (incl. drive specifications, directory name & file name eg. C:\excel\JanAcc.txt)	<input type="text"/>
<input type="button" value="OK"/>	<input type="button" value="CLOSE"/>

Fig. 32

Open Claim?	<input type="checkbox"/>
Disabling Claim?	<input type="checkbox"/>
Investigation Required?	<input type="checkbox"/>

Fig. 33

is a "First Report of Injury" Required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

Fig. 30

Accident Form		Accident #: 82	
RECORD LOOKUP:		<input type="text"/>	<input type="button" value="EDIT"/> <input type="button" value="DELETE"/> <input type="button" value="NEW"/> <input type="button" value="CLOSE"/> <input type="button" value="OVERRIDE"/>
Vital Information		Name Lookup:	
Emp. ID:	Soc. Sec. Number:	<input type="text"/>	
1234567	123-45-6789		
Last:	First:	Birthdate:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:		City:	State: Zip: Phone Number:
2/14/77	17 YRS. 8 MOS.	<input type="text"/>	999 <input type="text"/>
Adj. Hire Date:	L.O.E:	Company:	Location
JANITOR	2	OFFICE	<input type="text"/>
Worker Occupation	Dept. #:	Department Name:	Time in Dept.
6	BlueJays	<input type="text"/>	<input type="text"/>
Team Code:	Team Name:		
<input type="text"/>	<input type="text"/>		
Page Down		Page Bottom	
Accident Specifics		OSHA Info.	

Fig. 31

Accident Specifics		Date of Injury: 2/11/95	Time of Injury:
Hospitalized: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Hospital:	Physician:
Body Part Afflicted: <input checked="" type="checkbox"/> RIGHT WRIST(S)		Body Part Previously Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If Yes, Explain:	
Nature of Injury: FRACTURE		Incident Type:	
Contrib. Cause: HORSEPLAY		Conditions: POOR LIGHTING	
Company Accident Description		Awareness Code: SLIPS & FALLS	
Corrective Action Taken		Is a "First Report of Injury" Required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Open Claim? <input type="checkbox"/> Disabling Claim? <input checked="" type="checkbox"/> Investigation Required?		Date Completed:	Page Up Vital Statistics Page Down FROI & OSHA Info.

Fig. 34

Accident Report - Advanced Information			
Reference: <input type="text"/>		<input type="button" value="Return"/>	
<div>Primary Cause.</div> <div>HORSEPLAY</div> <div>Secondary Causes</div> <div>Caught in, Under, Between</div> <div>Summary:</div> <div>Confined Space Excessive Exposure</div>		<div>Primary Condition.</div> <div>POOR LIGHTING</div> <div>Secondary Conditions:</div> <div>EXCESSIVE EXPOSURE</div> <div>Summary:</div>	
		<div>Primary Witness.</div> <div>Supplemental Witnesses:</div> <div>Summary:</div>	

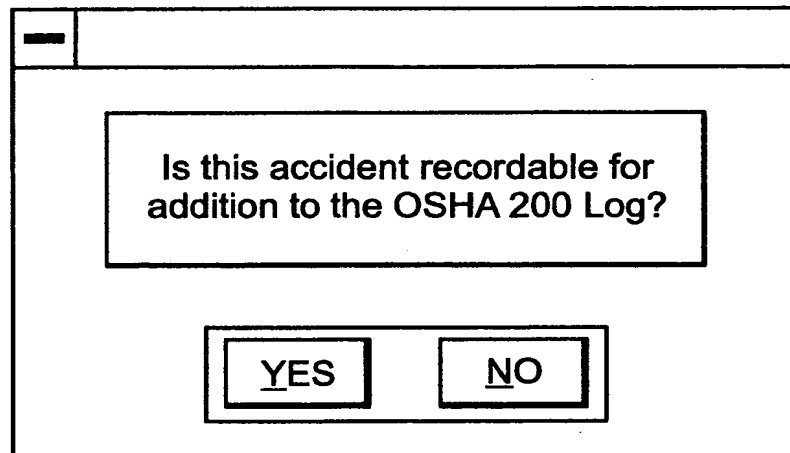
Fig. 35

Employee Accident Description		If version does not differ from Co. Description, copy & paste from above	
Witness: <input type="text"/>		Street Address of Accident: <input type="text"/>	
Date Co. Knew: <input type="text"/>		County of Injury: <input type="text"/>	
Injured on Premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Injured While on the Job? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Other Workers Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did someone else cause accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Was accident caused by failure of machinery or product? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Is worker an Owner of Officer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Working Shift Start: <input type="text"/> End: <input type="text"/>	Date Worker Left: <input type="text"/>	Time Worker Left: <input type="text"/>	Date Worker Returned: <input type="text"/>
Number Hrs. Per Shift: <input type="text"/> 8	Days per week worked: 3 or Less <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Scheduled Days Off: S <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	Wage: <input type="text"/> \$9.00 <input checked="" type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr. <input type="checkbox"/> Day <input type="checkbox"/> Mo.
Page Up	Accident Specifics	Vital Statistics	Page Down
		OSHA 200 LOG Entry	

Fig. 36

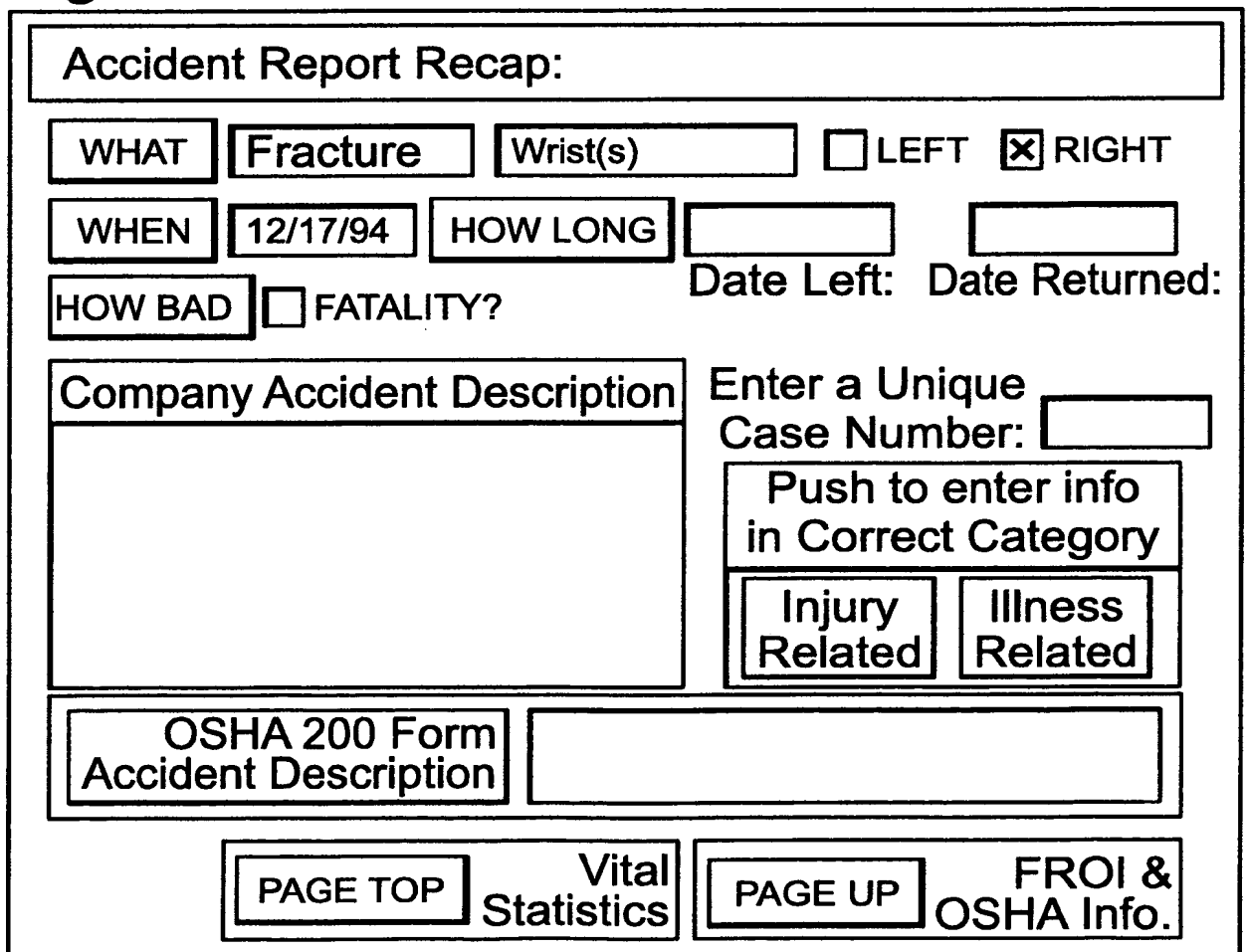
First Report of Injury - State Exceptions	
In addition to the information already provided, your state also requires the following:	
<div>RETURN</div>	
OSHA CASE #:	Employee Policy #:
Case #:	Was Salary Continued?: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Employee Class Code:	Paid full wages for day of Injury?: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Value of other payments not recorded:	If a fatality, what is the date of death?:
Gross Wages/Salary:	
Employer Type:	
Hospital Address:	
Physician's Address:	
What was worker doing at the time of Injury?:	What equipment /material was the employee using during time of Injury?:

Fig. 37



Is this accident recordable for addition to the OSHA 200 Log?

Fig. 38



Accident Report Recap:

WHAT ☐ LEFT ☒ RIGHT

WHEN HOW LONG

HOW BAD ☐ FATALITY? Date Left: Date Returned:

Company Accident Description

Enter a Unique Case Number:

Push to enter info in Correct Category

OSHA 200 Form Accident Description

Vital Statistics FROI & OSHA Info.

Fig. 39

Injury Related					
Fatalities	Nonfatal Injuries		Injures Without Lost Workdays		
	Injures With Lost Work Days				
	Enter a CHECK if injury involves days away from work, or days of restricted work activity or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.
Injury Related Enter DATE of death. Mo/da/yr (1)	(2)	(3)	(4)	(5)	(6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAGE TOP

Vital Statistics

PAGE UP

OSHA 200 LOG Info.

Fig. 40

(7) Type of Illness <i>Check only one column for each illness</i>					
Occupational Skin Diseases or Disorders <input type="checkbox"/> (a) Disorders Due to Physical Agents <input type="checkbox"/> (e) Dust Diseases of the Lungs <input type="checkbox"/> (b) Disorders Associated with Repeated Trauma <input type="checkbox"/> (f) Respiratory Conditions Due to Toxic Agents <input type="checkbox"/> (c) All Other Occupational Illnesses <input type="checkbox"/> (g) Poisoning (systemic effects of toxic materials) <input type="checkbox"/> (d)					
Illness Related					
Fatalities	Nonfatal Illnesses			Illnesses Without Lost Workdays	
	Illness With Lost Work Days				
Illness Related Enter DATE of death. Mo/da/yr	Enter a CHECK if illness involves days away from work, or days of restricted work activity or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the illness is recordable as defined above. (13)
	(9)	(10)	(11)	(12)	
(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fig. 41

Advanced Accident Investigation:									
RECORD LOOKUP:		<input type="text"/> <input type="button" value="CLOSE"/>		<input type="text"/> <input type="button" value="CLOSE"/>		<input type="text"/> <input type="button" value="CLOSE"/>		<input type="text"/> <input type="button" value="CLOSE"/>	
Report Overview		Enter any investigation report #		5342		Trucking		Company	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Name:		SSN:		DOB:		Dept. Name:		999	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
10/17/94		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date:		Location:		Male		Time in Dept.		Locale:	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Description		Employee's right arm was amputated							
Report Status		Initial Report		Investigation		Cause/P.Action		Acknowled. Completed	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Nature		Date		C.Action		BodyPart		Incid.Type	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Incident Investigation		Training & Special Info.							

Fig. 42

Investigation Support			COUNT
WHAT	Break	WHEN	4
WHERE		CONDITION	0
WHAT KIND		HOW BAD?	0
BODY PART	Arm(s) <input type="checkbox"/> L <input checked="" type="checkbox"/> R	OSHA status	6
HOW LONG?	-TO-		
		10/17/94	2
		8:00:00 a.m.	12
		Confined Space	
		FATALITY: <input type="checkbox"/>	
		HOSPITALIZED: <input type="checkbox"/>	
		FROI to be Filed?: <input checked="" type="checkbox"/>	
		200 Log Recordable? <input type="checkbox"/>	
Accident Description:	Employee's right arm was amputated.		
Corrective Action Description:	Nothing.		
Probable Root Cause:	Hazard		
	Corrective Action Taken: 10/18/94		
	Report Overview		
	Training & Special Info.		

Fig. 43

Training History		Investigation Notes: Employee determined to be incompetent.	
Class Name	Class Date:	Re-Training:	
Basic CPR	1/16/95	5/16/95	
Basic CPR	5/17/94	9/14/94	
Basic CPR	6/14/94	10/12/94	
Accident History			
Date	Nature of Injury	Body Part	Incident Type
12/2/94	Bruise	Ankle(s)	Struck By
			Slippery Floor
			Hazard
Preventative Action Taken:		Have changed policies re: accident procedures	
Corrective Action Assigned to:		Date Completed:	1/15/09
Performance Analysis		Investigated By:	
2 2 100.00%			
Co. Avg. Acc total this Individual		Report Overview	
#pp Person Performance		Advanced Investigation	

Fig. 44

Accident Related Information			
Date of Corrective Action Entry Review Form			
Lookup: <input type="text"/>		<input type="button" value="F1"/> <input type="button" value="F2"/> <input type="button" value="F3"/> <input type="button" value="F4"/> <input type="button" value="F5"/> <input type="button" value="F6"/> <input type="button" value="F7"/> <input type="button" value="F8"/> <input type="button" value="F9"/> <input type="button" value="F10"/> <input type="button" value="F11"/> <input type="button" value="F12"/> <input type="button" value="F13"/> <input type="button" value="F14"/> <input type="button" value="F15"/> <input type="button" value="F16"/> <input type="button" value="F17"/> <input type="button" value="F18"/> <input type="button" value="F19"/> <input type="button" value="F20"/> <input type="button" value="F21"/> <input type="button" value="F22"/> <input type="button" value="F23"/> <input type="button" value="F24"/> <input type="button" value="F25"/> <input type="button" value="F26"/> <input type="button" value="F27"/> <input type="button" value="F28"/> <input type="button" value="F29"/> <input type="button" value="F30"/> <input type="button" value="F31"/> <input type="button" value="F32"/> <input type="button" value="F33"/> <input type="button" value="F34"/> <input type="button" value="F35"/> <input type="button" value="F36"/> <input type="button" value="F37"/> <input type="button" value="F38"/> <input type="button" value="F39"/> <input type="button" value="F40"/> <input type="button" value="F41"/> <input type="button" value="F42"/> <input type="button" value="F43"/> <input type="button" value="F44"/> <input type="button" value="F45"/> <input type="button" value="F46"/> <input type="button" value="F47"/> <input type="button" value="F48"/> <input type="button" value="F49"/> <input type="button" value="F50"/> <input type="button" value="F51"/> <input type="button" value="F52"/> <input type="button" value="F53"/> <input type="button" value="F54"/> <input type="button" value="F55"/> <input type="button" value="F56"/> <input type="button" value="F57"/> <input type="button" value="F58"/> <input type="button" value="F59"/> <input type="button" value="F60"/> <input type="button" value="F61"/> <input type="button" value="F62"/> <input type="button" value="F63"/> <input type="button" value="F64"/> <input type="button" value="F65"/> <input type="button" value="F66"/> <input type="button" value="F67"/> <input type="button" value="F68"/> <input type="button" value="F69"/> <input type="button" value="F70"/> <input type="button" value="F71"/> <input type="button" value="F72"/> <input type="button" value="F73"/> <input type="button" value="F74"/> <input type="button" value="F75"/> <input type="button" value="F76"/> <input type="button" value="F77"/> <input type="button" value="F78"/> <input type="button" value="F79"/> <input type="button" value="F80"/> <input type="button" value="F81"/> <input type="button" value="F82"/> <input type="button" value="F83"/> <input type="button" value="F84"/> <input type="button" value="F85"/> <input type="button" value="F86"/> <input type="button" value="F87"/> <input type="button" value="F88"/> <input type="button" value="F89"/> <input type="button" value="F90"/> <input type="button" value="F91"/> <input type="button" value="F92"/> <input type="button" value="F93"/> <input type="button" value="F94"/> <input type="button" value="F95"/> <input type="button" value="F96"/> <input type="button" value="F97"/> <input type="button" value="F98"/> <input type="button" value="F99"/> <input type="button" value="F100"/>	
Date of Injury	Name	Nature & Type of Injury	Corrective Action Taken
1/8/97	Employee Name	Bruise	
		Lock Out / Tag Out	
6/11/92	Employee Name	Asphyxiation	
		Respiratory Protection	
4/11/93	Employee Name	Eye	
		Eye Protection	
1/14/94	Employee Name	Thermal/Chemical Burn	Have shut down the furnaces and ordered repairs made.
		Lock Out / Tag Out	
2/11/94	Employee Name	Burn - Chemical/Illness	
		Hazardous Materials	

Fig. 45

TRAFFIC ACCIDENT AND INSURANCE REPORT

Lookup: Accident #

REPORT DIRECTORY

Employee Lookup:

Employee Name and SS#

Press to Select

VEHICLE #1

Driver

Vehicle Info

Passengers

Insurance Info.

VEHICLE #2

Driver

Vehicle Info

If Accident involved someone outside of a motor vehicle, answer the following questions.

INFORMATION OTHER:

Involved Pedestrian ☐ Name:

Involved Bicyclist ☐ Address:

Fig. 49

1ST Quarter

January

February

March

Fig. 46

Department Status Change - Quick Entry Screen

Lookup:

LAST	FIRST	SSN	DOB	HIRE	DEPT	Dept Name
Last-name	First-name	123-45-6789	01/23/45	12/30/89	3	Office
Last-name	First-name	123-45-6789	01/23/45	12/30/89	3	Office
Last-name	First-name	123-45-6789	01/23/45	12/30/89	3	Office
Last-name	First-name	123-45-6789	01/23/45	12/30/89	3	Office
Last-name	First-name	123-45-6789	01/23/45	12/30/89	3	Office
Last-name	First-name	123-45-6789	01/23/45	12/30/89	3	Office

[illegible]

Fig. 48

Monthly Safety Admin. - Hours Worked Entry Form

Year Lookup:

Company Name:

Plant Location#: 999

Submitted To: 1

THIS REPORT COVERS THE FISCAL YEAR LISTED BELOW:

1993

Authorization / Routing

General Manager:

Production Manager:

Purchasing Manager:

Select Quarter

1st Quarter

2nd Quarter

3rd Quarter

4th Quarter

Fig. 50

S.O.S. Report Form

Lookup:

Report Basics:

Report ID

Reported By:

Company Employee ☐

Non Employee ☐

If reported by a company employee, use the "name lookup" box below, to select the person's name who is reporting

Name Lookup:

Last

First

Address

City

State

Zip

Phone

Mail Stop / Location

Company

Affected Persons (If different than above i.e. contractor, visitor, etc.):

Page Down

Incident Specifics

Lookup:

Report Basics:

Report ID

Reported By:

Company Employee ☐

Non Employee ☐

If reported by a company employee, use the "name lookup" box below, to select the person's name who is reporting

Name Lookup:

Last

First

Address

City

State

Zip

Phone

Mail Stop / Location

Company

Affected Persons (If different than above i.e. contractor, visitor, etc.):

Page Down

Incident Specifics

Fig. 51

Incident Specifics		Date Observed: <input type="text"/>	Time: <input type="text" value="10:00 A.M."/>
Incident Location: <input type="text"/>		Incident Type: <input type="text" value="↓"/>	
Incident Nature: <input type="text" value="Break"/>		Conditions: <input type="text" value="Faulty Floor or Surface"/>	
Incident Description		Witness: <input type="text"/>	
Corrective Action Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes complete the following information</i>			
Date Completed: <input type="text"/>		Description: <input type="text"/>	
Did you involve your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Their Name: <input type="text"/>			
Is further action needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, suggestions: <input type="text"/>			
		<input type="text" value="Page Up"/> <input type="text" value="Report Basics"/>	

Fig. 52

S.O.S. Investigation									
Lookup:		<input type="text"/> <input type="button" value="↕"/> <input type="button" value="⏪"/> <input type="button" value="⏩"/> <input type="button" value="CLOSE"/>							
Report Overview		Report ID		1005					
Submitted By:		<input type="text"/> <input type="checkbox"/> Company Employee <input type="checkbox"/> Non Employee							
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Name		Mail Stop / Location		Address		City		State Zip	
Affected Persons:		<input type="text"/>							
Description:		<input type="text"/>							
Report Status		Initial Report		Investigation					
Nature		Date		C.Action		Supvr.		Action Nd.	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Cause		P.Action		Acknowl.		Completed			
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
Incident Investigation		Action & Response							

Fig. 53

Training - Enrollment Form

Class Lookup:

⏪ ⏩ ⏴ ⏵

ADD

DELETE

EDIT

CLOSE

CODE: CPR 101

CASS NAME: Basic CPR

SUBJECT: Basic CPR Technique Training

Re-Training Interval: Four Months

Date: 5/17/94

Instructor:

Location:

Test ID:

Advanced CPR

Attendees:

>>Next Date: Create New Date:

<<Prev. Date:

Name Lookup	Last	Last	Dept. Name	Company
▶ Full Name - SSN <input type="text"/>	Last Name	First Name	Office	Company Name
Full Name - SSN	Last Name	First Name	Office	Company Name
Full Name - SSN	Last Name	First Name	Office	Company Name
Full Name - SSN	Last Name	First Name	Office	Company Name
Full Name - SSN	Last Name	First Name	Office	Company Name
Full Name - SSN	Last Name	First Name	Office	Company Name
Record: 1	⏪ ⏩	⏴ ⏵		➡

Fig. 54

RE-TRAINING - Enrollment Form									
Class Lookup: <input style="width: 100px;" type="text"/>		<input type="button" value="↕"/> <input type="button" value="⏮"/> <input type="button" value="⏪"/> <input type="button" value="⏩"/> <input type="button" value="⏭"/>		<input type="button" value="CLOSE"/>					
CODE:	CASS NAME:	SUBJECT:	Re-Training Interval:						
CPR 101	Basic CPR	Basic CPR Technique Training	Four Months			↕			
Date:	4/1/94	Instructor:	<input style="width: 100px;" type="text"/>			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px;"> >>Next Date: Create New Date: </div> <div style="border: 1px solid black; padding: 5px;"> <<Prev. Date: </div> </div>			
Location:	<input style="width: 100px;" type="text"/>	Test ID:	<input style="width: 100px;" type="text"/>						
Attendees:									
	Name Lookup	Last	Last	Dept. Name	Company				
▶	<input style="width: 100px;" type="text"/>	↕	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>				
<input type="button" value="⏮"/> <input type="button" value="⏪"/> <input type="button" value="1"/> <input type="button" value="⏩"/> <input type="button" value="⏭"/> <input type="button" value="↕"/>									

Fig. 55

<p>Create or Modify a test</p> <p> <input type="text"/> <input type="button" value="↕"/> or <input type="button" value="New"/> </p>	
<input type="text" value="Test Name"/>	<input type="text" value="Advanced CPR"/>
<input type="text" value="Test Subject"/>	<input type="text" value="Advanced CPR Training"/>


<p>Question:  When performing CPR, what is the correct ratio of "breaths" to "beats?"</p>	<p>Points <input type="text" value="10"/></p> <p>Type <input type="text" value="B"/></p>
<p>ANSWERS</p> <p> <input type="radio"/> A. 5 breaths to 2 beats <input checked="" type="radio"/> B. 2 breaths to 5 beats <input type="radio"/> A. 4 breaths to 3 beats </p>	
<p> <input type="button" value="Previous Question"/> <input type="button" value="Next Question"/> </p>	

Fig. 56

Score a Test

Test

Advanced CPR

Go to Test Entry Screen

Session ID

CPR 101

Student

Close

Number	Answer Score	Question	Correct Responses
1	2	When performing CPR, what is the	(2 10) B,2 breaths to 5 Beats
2	1	Before performing CPR, you should	(2 10) FALSE
3	1	You should open a victim's mouth	(1 10) TRUE
4	1	How long should you continue the	(1 10) A - Until professional m
0	1		

4 Questions

30 Points Total

Fig. 57

54/67

Test Question Summary

Test

Advanced CPR

Advanced CPR Training

Modify This Test

Close

#	Question	Answer	Points
1	When performing CPR, what is the correct ratio of for "b	B. 2 breaths to 5 Beats	10
2	Before performing CPR, you should move the person	FALSE	10
3	You should open a victim's mouth and check for obstruct	TRUE	10
4	How long should you continue the procedure once it i	A. Until professional medical	10

Fig. 58

Cost of Accident			
III Lookup: <input type="text"/>		<input type="button" value="⏪"/> <input type="button" value="⏩"/> <input type="button" value="⏴"/> <input type="button" value="⏵"/> <input type="button" value="CLOSE"/>	
Vital Information			
<input type="text"/>	<input type="text"/>	<input type="text" value="5/14/47"/>	<input type="text"/>
Last:	First:	Date of Birth:	Soc. Sec. #:
Accident Report Recap:			
<input type="text" value="10/17/94"/>	<input type="text" value="Break"/>	<input type="text" value="Arm(s)"/>	<input type="text" value="Lock Out / Tag Out"/>
Date of Injury	Nature of Injury	Body Part	Accident Type Fatality? <input type="checkbox"/>
Description: <input type="text" value="Employee's right arm was amputated."/>			
Accident Costs:			
Direct Medical Costs:		<input type="text" value="\$500.00"/>	
Compensation Costs:		<input type="text" value="\$100.00"/>	
Administration Costs:		<input type="text" value="\$120.00"/>	
Initial Accident Costs:		<input type="text" value="\$720.00"/>	
Estimated Reserves:		<input type="text" value="\$2,000.00"/>	

Fig. 59

Worker's Compensation Analysis - Setup Form	
<div>CLOSE</div>	
Name of Primary Product	Plastics
Avg. Retail Cost per Unit	\$15,000.00
Avg. % of Profit per Unit	20.00%
# Mfg. Days Req. per Unit	1
Record: 1	

Fig. 60

Advanced Tracking - Entry Screen

III LOOKUP:

Soc. Sec. Number: Name Lookup:

7/1/77 17yrs-3mos 5 Retail

Last First Adj. Hire Date: L.O.E.: Dept. #: Dept. Name:

Date Absent: 1/13/94 Date Returned: 1/28/94 Absence Code: Unexcused

Corrective Action ☒ Required? ☐ Corrective Action Taken: Associate placed on notice of suspension of privileges

Fig. 61

OSHA 200 Information	
Record Lookup:	<input type="text"/> <input type="button" value="↕"/> <input type="button" value="◀"/> <input type="button" value="▶"/> <input type="button" value="CLOSE"/> <input type="button" value="DELETE"/>
Vital Information	
Enter a Case Number: <input type="text"/>	
<input type="text"/>	<input type="text"/> 5/17/47 <input type="text"/> 12/2/94
Name:	Date of Birth Soc. Sec. #: Date of Injury:
<input type="text"/> 6/18/81 <input type="text"/> 13yrs - 6mos	Department: <input type="text"/> 5 <input type="text"/> Retail
Date of Hire: L.O.E.:	Dept. Name:
Time in Dept: <input type="text"/>	Occupation: <input type="text"/> Supervisor
Accident Recap Injury Related Illness Related	

Fig. 62

Accident Report Recap:			
WHAT	Fracture	Wrist(s)	<input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT
WHEN	12/17/94	HOW LONG	
HOW BAD	<input type="checkbox"/> FATALITY?	Date Left:	Date Returned:
Company Accident Description		Enter a Unique Case Number:	
		Push to enter info in Correct Category	
		Injury Related	Illness Related
OSHA 200 Form Accident Description			
PAGE TOP		Vital Statistics	PAGE UP
		FROI & OSHA Info.	

Fig. 66


OSHA - First Report of Injury	
Select Accident File	<input type="text"/> 
CONFIRMATION	
<u>Last Name</u>	<u>Date of Injury</u>
<input type="text"/>	<input type="text"/>
OPTIONS	
<input type="button" value="Print Preview"/>	<input type="button" value="Print"/>
<input type="button" value="CANCEL"/>	

Fig. 63

Injury Related					
Fatalities	Nonfatal Injuries		Injuries With Lost Work Days		Injuries Without Lost Workdays
	Enter a CHECK if injury involves days away from work, or days of restricted work activity or both.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	
Injury Related Enter DATE of death. Mo/da/yr	(2)	(3)	(4)	(5)	(6) Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="checkbox"/>

Fig. 64

<h2>Accident Report by Period</h2>																												
<p>Related Categories</p> <p>Select report data criteria from any or all of the below listed categories</p> <table style="width: 100%;"> <tr> <td>Nature of Injury</td> <td><input type="text"/></td> <td><input type="button" value="↓↑"/></td> </tr> <tr> <td>Accident Type</td> <td><input type="text"/></td> <td><input type="button" value="↓↑"/></td> </tr> <tr> <td>Cause</td> <td><input type="text"/></td> <td><input type="button" value="↓↑"/></td> </tr> <tr> <td>Condition</td> <td><input type="text"/></td> <td><input type="button" value="↓↑"/></td> </tr> <tr> <td>Body Part</td> <td><input type="text"/></td> <td><input type="button" value="↓↑"/></td> </tr> </table>	Nature of Injury	<input type="text"/>	<input type="button" value="↓↑"/>	Accident Type	<input type="text"/>	<input type="button" value="↓↑"/>	Cause	<input type="text"/>	<input type="button" value="↓↑"/>	Condition	<input type="text"/>	<input type="button" value="↓↑"/>	Body Part	<input type="text"/>	<input type="button" value="↓↑"/>	<p>Report Period</p> <p>Enter the report START and END dates</p> <table style="width: 100%;"> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">START</td> <td style="text-align: center;">END</td> </tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	START	END	<p>To further customize your report, one or all of the following may be selected</p> <table style="width: 100%;"> <tr> <td><input style="width: 100%;" type="text"/> Company</td> <td><input type="button" value="↓↑"/></td> </tr> <tr> <td><input style="width: 100%;" type="text"/> ????</td> <td><input type="button" value="↓↑"/></td> </tr> <tr> <td><input style="width: 100%;" type="text"/> Department</td> <td><input type="button" value="↓↑"/></td> </tr> </table>		<input style="width: 100%;" type="text"/> Company	<input type="button" value="↓↑"/>	<input style="width: 100%;" type="text"/> ????	<input type="button" value="↓↑"/>	<input style="width: 100%;" type="text"/> Department	<input type="button" value="↓↑"/>
Nature of Injury	<input type="text"/>	<input type="button" value="↓↑"/>																										
Accident Type	<input type="text"/>	<input type="button" value="↓↑"/>																										
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Condition	<input type="text"/>	<input type="button" value="↓↑"/>																										
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START	END																											
<input style="width: 100%;" type="text"/> Company	<input type="button" value="↓↑"/>																											
<input style="width: 100%;" type="text"/> ????	<input type="button" value="↓↑"/>																											
<input style="width: 100%;" type="text"/> Department	<input type="button" value="↓↑"/>																											
<p>OPTIONS</p> <table style="width: 100%;"> <tr> <td><input type="button" value="Print Preview"/></td> <td><input type="button" value="Print"/></td> <td><input type="button" value="CANCEL"/></td> </tr> </table>				<input type="button" value="Print Preview"/>	<input type="button" value="Print"/>	<input type="button" value="CANCEL"/>																						
<input type="button" value="Print Preview"/>	<input type="button" value="Print"/>	<input type="button" value="CANCEL"/>																										

Fig. 65

Accident Analysis - Parameter Defined																																
<div>Related Categories</div> <div>Select report data criteria from any or all of the below listed categories</div> <table><tr><td>Nature of Injury</td><td><input type="text"/></td><td>↕</td></tr><tr><td>Accident Type</td><td><input type="text"/></td><td>↕</td></tr><tr><td>Cause</td><td><input type="text"/></td><td>↕</td></tr><tr><td>Condition</td><td><input type="text"/></td><td>↕</td></tr><tr><td>Body Part</td><td><input type="text"/></td><td>↕</td></tr></table>	Nature of Injury	<input type="text"/>	↕	Accident Type	<input type="text"/>	↕	Cause	<input type="text"/>	↕	Condition	<input type="text"/>	↕	Body Part	<input type="text"/>	↕	<div>Report Period</div> <div>Enter the report START and END dates</div> <table><tr><td><input type="text"/></td><td>START</td><td><input type="text"/></td><td>END</td></tr></table> <div>To further customize your report, one or all of the following may be selected</div> <table><tr><td><input type="text"/></td><td>Company</td><td><input type="text"/></td><td>↕</td></tr><tr><td><input type="text"/></td><td>???</td><td><input type="text"/></td><td>↕</td></tr><tr><td><input type="text"/></td><td>Department</td><td><input type="text"/></td><td>↕</td></tr></table>	<input type="text"/>	START	<input type="text"/>	END	<input type="text"/>	Company	<input type="text"/>	↕	<input type="text"/>	???	<input type="text"/>	↕	<input type="text"/>	Department	<input type="text"/>	↕
Nature of Injury	<input type="text"/>	↕																														
Accident Type	<input type="text"/>	↕																														
Cause	<input type="text"/>	↕																														
Condition	<input type="text"/>	↕																														
Body Part	<input type="text"/>	↕																														
<input type="text"/>	START	<input type="text"/>	END																													
<input type="text"/>	Company	<input type="text"/>	↕																													
<input type="text"/>	???	<input type="text"/>	↕																													
<input type="text"/>	Department	<input type="text"/>	↕																													
<div>OPTIONS</div> <div><input type="button" value="Print Preview"/> <input type="button" value="Print"/> <input type="button" value="CANCEL"/></div>																																

Fig. 67


-	
<div>Enter Year To Be Processed</div>	
<div></div>	
<div>To further customize your OSHA 200 Log one or all of the following may be selected:</div>	
Company	<div></div>
Division / Plant	<div></div>
Department	<div></div>
<div>Print Preview</div>	
<div>Print</div>	
<div>CANCEL</div>	


Fig. 68

The form is titled "OSHA Year End Questionnaire" and is enclosed in a window with a standard title bar. It contains several input fields and buttons. At the top, there is a label "Enter Year To Process" with a corresponding input field. Below this, there are two input fields for "Enter Starting Month:" and "Enter Ending Month:", each with a dropdown arrow icon. Further down, there are two input fields for "Starting Day:" and "Ending Day:". A note below these fields states: "Optional. If left blank, all days will be displayed". At the bottom, there is a section labeled "OPTIONS" containing three buttons: "Print Preview", "Print", and "CANCEL".

OSHA Year End Questionnaire

Enter Year To Process

Enter Starting Month: 

Enter Ending Month: 

Starting Day:

Ending Day:

Optional. If left blank, all days will be displayed

OPTIONS

Print Preview Print CANCEL

Fig. 69

<h2>Accident Related Graphs</h2>										
Enter Year to Process <input type="text"/> -to- <input type="text"/>	<div style="float: right; width: 100px; text-align: center;">Press to Select Multi-Yr Comparisons</div>									
Select Graph to Open: <input type="radio"/> Accident Reminders <input type="radio"/> PCT. By Dept. <input type="radio"/> Body Parts <input type="radio"/> Costs / Hi-to-Lo <input type="radio"/> Departments <input type="radio"/> Freq. By Day of the Week <input type="radio"/> Freq. By Time of the Day <input type="radio"/> Injuries Avg. Cost <input type="radio"/> Length of Emp. <input type="radio"/> Monthly Totals <input type="radio"/> Nature of Injury	<div style="margin-bottom: 10px;"> Description: <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div> </div> <div> Option: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">Preview</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">Print</div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">Design</div> </div> </div> </div> <p style="font-size: small; margin-top: 10px;">To further customize your graphs, one or all of the following may be selected</p> <table style="width: 100%; font-size: x-small;"> <tr> <td style="width: 30%;">Company</td> <td style="width: 30%;"><input type="text"/></td> <td style="width: 30%;"><input type="text"/></td> </tr> <tr> <td>Division / Plant</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Department</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Company	<input type="text"/>	<input type="text"/>	Division / Plant	<input type="text"/>	<input type="text"/>	Department	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	<input type="text"/>								
Division / Plant	<input type="text"/>	<input type="text"/>								
Department	<input type="text"/>	<input type="text"/>								

Fig. 70





<h2>Accident Related Graphs</h2>															
<p>Enter Year to Process <input type="text"/> -to- <input type="text"/></p> <p>Press to Select Multi-Yr Comparisons</p> 	<p>Select Graph to Open:</p> <ul style="list-style-type: none"> <input type="radio"/> Accident Reminders <input type="radio"/> Body Parts <input type="radio"/> Condition Type <input type="radio"/> Costs / Hi to Lo <input type="radio"/> Departments <input type="radio"/> Freq. By Day of the Week <input type="radio"/> Freq. By Time of the Day <input type="radio"/> Incident Types <input type="radio"/> Injuries Avg. Cost <input type="radio"/> Monthly Totals 														
<p>Description:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Option:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Preview </div> <div style="text-align: center;">  Print </div> <div style="text-align: center;">  Design </div> </div>														
<p>To further customize your graphs, one or all of the following may be selected</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="text"/></td> <td style="width: 50%;"><input type="text"/></td> </tr> <tr> <td>Company</td> <td></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Division / Plant</td> <td></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Department</td> <td></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		<input type="text"/>	<input type="text"/>	Company		<input type="text"/>	<input type="text"/>	Division / Plant		<input type="text"/>	<input type="text"/>	Department		<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>														
Company															
<input type="text"/>	<input type="text"/>														
Division / Plant															
<input type="text"/>	<input type="text"/>														
Department															
<input type="text"/>	<input type="text"/>														

Fig. 71

67/67

Accident Related Graphs

Enter Year to Process

Press to Select
Multi-Yr
Comparison

Select Graph to Open:

☐ Accident Reminders

☐ ??? By Dept.

☐ Body Parts

☐ Costs / Hi to Lo

☐ Departments

☐ Freq. By Day of the Week

☐ Freq. By Time of the Day

☐ Injuries Avg. Cost

☐ Length of Emp.

☐ Monthly Totals

☐ Nature of Injury

Description

Options

Preview

Print

Design

To further customize your graphs, one or all of the following may be selected

Company	<input style="width: 100%;" type="text"/>
Division / Plant	<input style="width: 100%;" type="text"/>
Department	<input style="width: 100%;" type="text"/>